A Benign Form of Heart Failure

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Clinical Image

A 64 years-old man with medical history of arterial depression, dyslipidemia and depression. Admitted with fatigue, short breathiness to minimal exertion and paroxysmal nocturnal dyspnea. Transthoracic echocardiography revealed two heterogeneous contiguous masses with spherical shape in the interior of the right atrium without a pedicle (Figure 1). 3-D transesophageal echocardiography was performed; confirm the presence of two masses in the lateral wall of the right atrium (Figure 2).

MRI and CT angiography show a heterogeneous spherical micro-lobulated mass of 40 mm that extended through the inferior cava vein to the roof of the right atrium, suggesting a cardiac lipoma. Considering the size of the mass and symptoms, the patient was referred for cardiac surgery, nevertheless refuse the intervention.

Generally, the diagnosis of cardiac lipoma occurs in asymptomatic patients, nevertheless, the size can interfere and cause an obstruction that conduct to the heart failure symptoms.

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Figure 1: Transthoracic echocardiogram. A) Apical 5 chambers view showing mass in the right atrium. B) an amplify apical 5 chambers view demonstrating a heterogeneous spherical shape, without a pedicle of 35.4 for 24.8 mm.
LA: Left Atrium; LV: Left Ventricle; RA: Right Atrium; RV: Right Ventricle

Figure 2: Three-dimensional transesophageal echocardiography showing the mass in the lateral wall of the right atrium of different perspective to define is form and the hemodynamic effect.
RA: Right Atrium